



**THE CORPORATION OF THE TOWN OF INGERSOLL  
BY- LAW NO. 10-4557**

**A by-Law to amend By-law No. 10-4550 being a by-law to prohibit smoking near municipal entrances and lands.**

**WHEREAS** Council enacted by-law 10-4510 on May 3, 2010;

**AND WHEREAS** it is desirable to amend by-law No. 10-4510;

**THEREFORE** the Municipal Council of the Corporation of the Town of Ingersoll enacts as follows:

- 1.0** That section 4.1 of by-law 10-4550 be deleted in its entirety and replaced with the following;
  - 4.1 The Town may post and maintain in conspicuous locations at each required location a sign at least 14 centimetres (5.5 inches) by 14 centimetres (5.5 inches) in size that includes depiction of the international No Smoking symbol at least 7.5 centimetres (3 inches) high, and lettering at least 0.8 centimetres (5/16 inch) high and at least 0.2 centimetres (1/16 inch) wide at the narrowest point, with the rest of the letter sized proportionately, which reads “No Smoking Within 9 Meters (29.5 feet) Describing Area The Corporation of the Town of Ingersoll” Maximum Fine \$5000”
  
- 2.0** That section 6.0 (Enforcement) be amended to include;
  - 6.2 Any person who observes another person acting in contrary to this by-law may submit a Smoke Free Ontario Act Witness Statement which is outlined as Schedule “B” in this by-law to the Town Hall Office.
  
- 3.0** That Schedule “A” of By-law No. 10-4550 be deleted in its entirety and replaced with Schedule “A” of this by-law.

READ a first and second time this 17th day of May, 2010.

READ a third time and finally passed this 17th day of May, 2010.

---

**Paul Holbrough, Mayor**

---

**Elaine Clark, Clerk**

**Schedule "A"**

**No Smoking**



**Within 9 Meters of  
(29.5 feet)**

***(Described Area)***

---

The Corporation of the Town of Ingersoll  
Maximum Fine \$5000

**Schedule "B"**



Please fax to 519-485-3543  
Att: Smoke Free Ontario Enforcement

The Town of Ingersoll  
Town Centre  
130 Oxford St., 2nd Floor  
Ingersoll, ON N5C 2V5

**SMOKE FREE ONTARIO ACT  
WITNESS STATEMENT**

Date and Time of Occurrence \_\_\_\_\_

Name of Person you  
observed smoking in a designated no smoking area \_\_\_\_\_

Do you know the person personally? Yes  No

If yes, how? \_\_\_\_\_

If no, how did you identify the person? \_\_\_\_\_

When you witnessed the offence, where were you standing? \_\_\_\_\_

How far away from the person were you? \_\_\_\_\_

Could you tell the colour of the cigarette filter? Yes  No

What colour was the filter? \_\_\_\_\_

Could you see the smoke from the cigarette? Yes  No

If winter, what was the approximate air temperature? \_\_\_\_\_

Are you certain that what you saw was smoke and not expelled breath? Yes  No

Could you smell the smoke? Yes  No

Did it smell like tobacco smoke? Yes  No

Would you recognize the smell of smoke for another product?    Yes     No

How? \_\_\_\_\_  
\_\_\_\_\_

Please give any other pertinent information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature